



# American Warmblood Registry

P.O. Box 1332 DeLeon Springs FL 321301  
Tel (561) 693-5516  
www.americanwarmblood.com  
info@americanwarmblood.com



## REQUEST FOR DNA COMPARISON TEST

NAME OF OWNER: \_\_\_\_\_

FARM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

**FOR PROPER IDENTIFICATION OF THE HORSE DESCRIBED HEREINAFTER, I REQUEST THAT A DNA COMPARISON TEST BE DONE.** (Please provide any information available.)

NAME: \_\_\_\_\_ DOB/YOB: \_\_\_\_\_ SEX: \_\_\_\_\_

COLOR: \_\_\_\_\_ MARKINGS: \_\_\_\_\_ BRAND: YES / NO

**REASON FOR THIS REQUEST** (please mark as applicable):

- The previous owner did not provide any information on the horse other than it being an American Warmblood.
- The horse was bought at an auction and no papers were handed over.
- The horse was rescued.
- Other: \_\_\_\_\_

**For DNA Comparison Test Fees Please Contact the Office.**

Payment method: \_\_\_\_\_ Check (enclosed) \_\_\_\_\_ Money Order (enclosed) \_\_\_\_\_ VISA \_\_\_\_\_ M/C  
(circle one)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

Name as it appears on card (please print clearly): \_\_\_\_\_

Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

**ALL FEES MUST BE PAID IN US DOLLARS ~ ALL FEES ARE NON-REFUNDABLE~**  
(Canadian memberships/orders must be paid for by VISA or MasterCard)